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WASHINGTON, DC 20037 ATTORNEY DOCKET NO CONFIRMATION NO. ETPST NAMED INVENTOR ADDI ICATIONINO EII DIG DATE

APPLICATION 1	VO. FILING	FILING DATE FIR		ST NAMED INVENTOR			ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/531,663 04		5/2005 Jose Manuel SAMPAI			COMAC	COMACHO Q874				1920	
TITLE OF INVENTIO	ON: RECLOSEABLE	E FLEXIBLI	EBAG								
APPLN. TYPE	SMALL ENTITY			PUBLICATION FEE		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	NO \$1510.00		\$300.00		\$0.00		\$1,810.00		03/16/2010	
EXAMINER				ART UNI	т	CLASS-SUBCLASS					
Ja	3782		3	83-062000							
1. Change of correspon	ndence address or ind	ication of "Fe	ee Address"	(37 CFR 1.363	2. For p	rinting	on the patent front p	age list	1	Sughrue Mion, PLLC	
☐ Change of correspondence address (or Change of Correspondence Address : PTO/SB/122) attached.					attorneys or agents OR, alternatively, 2						
□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB47; Ref 03-02 or more recent) ATTACHED. Use of a Customer Number is required.					d. member a registered attorney or agent) and the a mames of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME	AND RESIDENCE	DATA TO	BE PRINTE	D ON THE PAT	TENT (pri	nt or ty	pe)				
PLEASE NOTE: Unle recordation as set fort	ess an assignee is ide h in 37 CFR 3.11. Co	entified below empletion of	v, no assign this form is	ee data will app NOT a substitut	car on the	patent g an ass	. If an assignee is id ignment.	entified below	, the	document has been filed for	
(A) NAME OF ASSIG	GNEE (B) RESI	DENCE: (C	ITY and ST.	ATE OR COUN	TRY)						
AMCOR FLEXIBLE	S EUROPE, Danish	corporation		Horsens, Denma	ark						
Please check the appro	opriate assignee cates	gory or categ	ories (will n	ot be printed on	the patent): 🗆 In	dividual 🗹 Corpora	tion or other p	rivate	group entity Government	
4a. The following fee(s) are submitted:				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
☑ Issue Fce					A check is enclosed.						
☑ Publication Fee (No small entity discount permitted)					☐ Payment by credit card. Form 1310-2038 is attached.						
☐ Advance Order - # of Copies				overpaym	☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.						
·					☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.						
5. Change in Entity S											
							r claiming SMALL				
										application identified above.	
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Authorized Signature				Atra	Alla Date			March 12, 2010			
Typed or Printed Nar	ped or Printed Name John H. Mion				Registration No.				18,879		